

**RHODE ISLAND DEPARTMENT OF HEALTH  
FAMILY PLANNING PROGRAM  
REQUEST FOR PROPOSAL  
WOMEN IN TRANSITION PROJECT**

**WOMEN IN TRANSITION PROJECT**

The Rhode Island Department of Health's Family Planning Program is soliciting proposals from qualified non-profit community based health care organizations to provide core required family planning outreach and clinical and education services and follow-up to sentenced women incarcerated at the Rhode Island Department of Corrections (RIDOC), including women transitioning back to Providence and Cranston for a 10-month period.

The Rhode Island Department of Health seeks to identify one (1) Vendor, located in Providence or Cranston, who will provide the above referenced services to the targeted population. Services must be provided in accordance with the U.S. Department of Health & Human Services, Office of Population Affairs' (OPA's) *Program Guidelines for Project Grants for Family Planning Services* (revised January 1, 2001), *2005 Family Planning Program Priorities, Legislative Mandates, & Key Issues*, and policies included in *The Title X Program Instruction Series*. These documents can be downloaded from the OPA website: [http://opa.osophs.dhhs.gov/titlex/ofp\\_references.html](http://opa.osophs.dhhs.gov/titlex/ofp_references.html).

**PROCUREMENT OBJECTIVE**

The objective of this RFP is to procure the services of a qualified non-profit community based health care organizations, such as a hospital-based clinic, community health center, or a family planning specialty agency, located in Providence or Cranston that has experience providing primarily low-income, culturally diverse women with family planning outreach, family planning clinical and education services, and referral and follow-up for other services designed to improve the health and well-being of the targeted population.

Although all women can benefit from receiving family planning services, women being discharged from prison face have multiple challenges including, but not limited to, homelessness, loss of health insurance, loss of custody of their children, substance abuse, mental health concerns, food insecurity, sexual abuse, unemployment, lack of education, and transportation. Therefore, additional weight will be given to applicants who are able to ensure that discharged women who present for family planning services receive referral and follow-up for these complex needs through a strong internal infrastructure.

Because the project targets primarily discharged women who reside in Providence and Cranston – a racially, ethnically, and linguistically diverse population – it is critical that the selected Vendor demonstrates cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices, as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.

The Rhode Island Department of Health anticipates spending up to \$70,000 for the first year of this project (March 1, 2006-December 31, 2006). This amount may be increased based upon federal awards received through the OPA. Services are expected to begin on March 1, 2006 and will replace previously funded Title X family planning initiatives that end on December 31, 2005. Funding is earmarked for family planning outreach, family planning clinical and education services, and referral and follow-up for services designed to address the targeted population's complex needs.

The Rhode Island Department of Health will renew this project on an annual basis for up to four years, depending on successful performance and availability of funding. The Rhode Island Department of Health reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand the base engagement to include additional family planning and follow-up services.

The Vendor is required to recruit and retain qualified staff to perform all activities in Tasks 1-4 as described in the Scope of Work section of this RFP. Title X funds awarded by the Family Planning Program through this RFP are intended to provide the awarded applicant with a core infrastructure for providing the specified services to the targeted population. In order to earn the full agreement amount, minimum numbers of clients, as specified in the application, must be served during the proposed project period. The awarded applicant is required to provide outreach and core required family planning clinical and educational services, including follow-up, to the targeted population for the full project year even if it has met the minimum number of clients to be served. Reimbursements will be made at less than 100% of the actual cost of providing services.

## **BACKGROUND**

The Family Planning Program, authorized under Title X of the Public Health Services Act, is administered at the federal level by the Office of Population Affairs (OPA) with funds allocated by the Health Resources and Services Administration (HRSA).

The Title X Program is the only federal program dedicated solely to the provision of family planning services. With respect to services for adult women, the program is designed to:

1. Assure continued high quality clinical family planning and related preventive health services that will improve the overall health of individuals;
2. Assure access to a broad range of high quality clinical family planning and related preventive health services, including the provision of highly effective contraceptive methods; breast and cervical cancer screening and prevention; HIV/STD prevention education, counseling, and testing; extramarital abstinence education and counseling; and other preventive health measures.
3. Improve the health of individuals and communities by partnering with community-

based organizations (CBOs), faith-based organizations (FBOs), and other public health providers that work with vulnerable or at-risk populations;

4. Promote individual and community health by emphasizing family planning and related preventive health services for hard-to-reach populations, such as uninsured or under-insured individuals, males, persons with limited English proficiency, and other vulnerable or at-risk populations.

## **WOMEN IN TRANSITION PROJECT RATIONALE**

The number of female commitments to the RIDOC is about 2,000 each year. Of these 2,000 women, 451 were sentenced inmates<sup>1</sup>. Of these 451 sentenced women, 150 (33.3%) were released to Providence and 25 (5.5%) were released to Cranston. Over the past nine years, the average daily female inmate population in Rhode Island has increased by 23.4%, from 162 in 1995 to 200 in 2004<sup>2</sup>. The most common type of offense for female inmates in Rhode Island in September of 2004 was non-violent (58.7%), followed by violent (22.2%), drug-related (17.8%), and breaking and entering (3.3%). The average age of female inmates was 34 with a range from 19 to 63 years. Sixty-six percent of the population was between the ages of 21 and 39 years (See Table 1).

Table 1  
Total Female Population-Age In Years (September of 2004)

	<20	21-29	30-39	40-49	50-59	60+	Total
Number	4	62	100	64	12	2	244
Percentage	1.6%	25.4%	41.0%	26.2%	4.9%	0.8%	100.0%

Source: RIDOC Annual Report, 2004

Women of color are disproportionately represented in the prison system. In September of 2004, Whites constituted the largest proportion of female inmates in Rhode Island (59.4%). However, the remaining 40.6% were women of color. Specifically, 23.4% were Black, 14.3% were Hispanic, 1.2% were other races/ethnicities, 0.8% were Asian, and 0.8% were Native American.

Women entering the correctional system represent a population already at high risk for communicable diseases, substance abuse, physical and/or sexual abuse, and mental health problems. Approximately 50% of incarcerated women in Rhode Island's prison report using cocaine, 28.1% report using heroin, and 17.2% report binge drinking in the previous three months<sup>3</sup>. About 50-75% have a major psychiatric illness and 56% reported having had an STD. Sixty-five percent (65%) reported a history of physical abuse and 52% reported a history of sexual abuse. Thirty-two percent (32%) report having exchanged money for sex or drugs.

<sup>1</sup> Rhode Island Department of Corrections, INFACETS, 6/1/04-5/31/05.

<sup>2</sup> Rhode Island Department of Corrections, Annual Report, 2004

<sup>3</sup> Rosenguard, C, Clarke, J, DaSilva, K, et al., *Correlates of Partner-Specific Condom Use Intentions Among Incarcerated Women in Rhode Island*, Perspectives on Sexual and Reproductive Health, March 2005, Volume 37- Number 1, pages 32-38.

Many of the women are incarcerated multiple times and the recidivism rate is about 60%. Approximately 85% of the women are either uninsured or underinsured for health care and receive very little primary care. Most of the medical care that they receive outside of the prison takes place in emergency rooms or urgent care facilities.

With increasing numbers of women entering and exiting the prison system in Rhode Island, there is a compelling need to ensure that mechanisms are in place that can adequately address their family planning and other complex needs. Pregnancies are often unplanned and high risk in this population. Seventy-four percent (74%) of Rhode Island's female inmates reported ever having been pregnant, and the majority of female inmates are mothers although they may not have custody of their children. Twenty-seven percent (27%) of pregnancies among incarcerated women in Rhode Island occur within 12 weeks of a prior discharge and, therefore, may have been prevented<sup>4</sup>.

## **WOMEN IN TRANSITION PROJECT DESCRIPTION**

The Vendor will provide outreach and core required family planning outreach, family planning clinical and educational services, and referral and follow-up for other services designed to meet the complex needs of incarcerated women, including women transitioning back into the community.

## **SCOPE OF WORK**

The Vendor must encompass the scope of work described below:

Task 1:        **Engage in outreach activities at the RIDOC designed to increase awareness about the availability of family planning and other available services among the targeted population.**

Planned outreach activities at the RIDOC serve to facilitate awareness of and access to family planning and other available services among the targeted population.

The Vendor will be required to:

- Establish and implement planned outreach activities at the RIDOC to increase awareness of services among the targeted population. Outreach activities will include, but not necessarily be limited to, informing incarcerated women about the availability of clinical and education family planning and other available services through the distribution of printed informational materials at the RIDOC and through in-person meetings with incarcerated women.
- Schedule appointments for women transitioning back into the community at the Vendor's community-based health care site for core

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<sup>4</sup> Rhode Island Department of Corrections, 2001.

required family planning clinical and education services and other services.

Task 2: **Provide core required family planning education services to incarcerated women incarcerated at the RIDOC, in accordance with state and federal Title X requirements.**

The Vendor will be responsible for providing core required family planning education services to women who are incarcerated at the RIDOC regardless of their residency upon discharge.

The Vendor will be required to:

- Provide core required family planning education services to a minimum of 451 sentenced women incarcerated at the RIDOC regardless of their residency upon discharge.
- Provide core required family planning education services to the targeted population at the RIDOC for the full project year even if it has met the minimum number of clients to be served.
- Document all core required family planning education services provided at the RIDOC in the client's medical record at the RIDOC.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System. This data may include encounters for clinical services provided by RIDOC clinical staff.

Task 3 **Provide core required family planning clinical and education services to women transitioning back into the community, in accordance with federal and state Title X requirements.**

The Vendor will be responsible for providing core required clinical and education services to all women transitioning back into the community through the Vendor's community-based health care site.

The Vendor will be required to:

- Provide core required clinical and education services to a minimum of 175 women transitioning back primarily to Providence or Cranston through the Vendor's community-based health care site.
- Provide core required clinical and education services to the targeted population regardless of age, citizenship status, or residency.
- Provide core required clinical and education services to the targeted population for the full project year even if it has met the minimum number of clients to be served.
- Provide referral and follow-up for other services designed to address the complex needs of the targeted population.

- Provide a broad range of acceptable and medically approved family planning methods.
- Coordinate with the RIDOC to ensure that the RIDOC has access to contraceptive supplies for incarcerated women transitioning back to the community.
- Provide laboratory testing and appropriate follow-up, as indicated, for HIV, Chlamydia, Gonorrhea, and Syphilis.
- Provide HIV counseling that incorporates the “ABCD” message (e.g. abstain from sex, be faithful, use condoms, don’t share needles).
- Provide each woman who receives core required clinical and education services through the Vendor’s health care site with a \$10.00 gift certificate after the initial visit at the Vendor’s community-based health care site as an incentive.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System.
- Submit a list of women who were scheduled for core required family planning clinical and education services that includes visit outcome data (e.g. client kept appointment, client cancelled appointment, client failed to keep appointment due to not being released or being re-incarcerated, or client failed to show up for scheduled appointment, and referrals and follow-up to other needed services) to the Rhode Island Department of Health on a monthly basis.

#### Task 4

Provide follow-up services for women with scheduled appointments for core required clinical and education services through the Vendor’s community-based health care site that do not keep their appointments.

Women transitioning back to the community may not, for a variety of reasons, keep their scheduled appointments; it is important that vigorous follow-up efforts occur in an attempt to re-engage them into seeking core required family planning clinical and education services.

The Vendor will be required to:

- Obtain a minimum of four (4) contacts (e.g. names, addresses, and phone numbers) from incarcerated women at the time of the first education visit at the RIDOC and include the information in the client’s RIDOC record. Contacts may include, but not be limited to, friends, relatives, DCYF caseworkers, social services agencies such as Crossroads or Amos House, counselors, probation officers, etc.).
- Provide women transitioning back to the community with an appointment card with their visit date for family planning clinical and education services to be provided through the Vendor’s community-based health care site.

- Send a letter to the women reminding them of their visit one week before their scheduled appointment (letters should be sent to multiple addresses).
- Initiate a telephone call to the women one or two days before the scheduled appointment to confirm the appointment (calls should be made to multiple phone numbers).
- Send a letter to women who fail to show up for their scheduled appointments encouraging them to call to reschedule their appointment (the letter should be sent to multiple addresses).
- Call women who fail to show up for their scheduled appointments at least once a week until someone confirms that the woman is in residential treatment, out-of-town, or unable to be located or until the woman is contacted and rescheduled (calls should be made to multiple phone numbers).
- Submit follow-up reports to the Rhode Island Department of Health on a monthly basis.

## **MINIMUM VENDOR REQUIREMENTS**

The successful Vendor will have the requisite experience and resources to carry out the activities detailed in the scope of work section of this RFP. More specifically, the Vendor must:

- Be a non-profit community based health care organization, such as a hospital-based clinic, community health center, or family planning specialty agency, located in Providence with proven experience in delivering services to primarily low-income, racially and ethnically diverse women.
- Have a strong internal infrastructure for ensuring that the targeted population receives referral and follow-up for other services designed to address their complex needs.
- Demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.
- Provide a sufficient number of dedicated on-site and/or consulting staff with expertise and credentials to carry out Tasks 1-4.

## **VENDOR RESPONSIBILITIES**

The Vendor selected as a result of this RFP will:

- Be responsible to the Administrator of the Rhode Island Department of Health's Family Planning Program.
- Identify a Project Director as well as other appropriate staff to support the tasks outlined in this RFP.

- Ensure that the Project Coordinator reports to the Medical Director at the RIDOC's Women's Division when the Project Coordinator is working on-site at the RIDOC.
- Provide office space, equipment, utilities, and supplies necessary for the management of the project.
- Cover all travel costs for contractor staff, including in-state and out-of-state travel necessary to carry out the tasks within the contract.
- Ensure that all printed informational materials offered to the targeted population are reviewed and approved in accordance with federal Title X requirements.
- Develop policies and procedures for charging, billing, and collecting of client fees for core required family planning services provided by the project, in accordance with federal and state Title X requirements.
- Develop a quality assurance plan that provides for the ongoing evaluation of family planning project personnel and services.
- Utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based clinical services.
- Comply with all project reporting requirements.
- Submit monthly invoices utilizing the Family Planning Program's approved reporting and billing forms.
- Appoint appropriate staff to serve on the Family Planning Program's Family Planning Advisory Council (FPAC) and its associated subcommittees.
- Allow a team or person authorized by the Family Planning Program to periodically conduct comprehensive site reviews to assure that the Vendor conforms with existing federal and state Title X requirements and to take corrective actions if contracted services are not found to be in compliance.
- Serve each client without regard to the client's age, residency, or citizenship status.
- Provide a 10% match in non-federal revenue sources.

## **CONTRACT TERMS**

A total of \$70,000 will be available during FY2006 (3/1/06-12/31/06). A total of \$2,500 of these funds will be earmarked for incentives for women who keep their initial visit at the Vendor's community-based health care site (e.g. \$10.00 gift certificates).

## **PROPOSAL SUBMISSION & CONTENT**

This section contains the administrative procedures and instructions for preparation and submission of the proposal. This section contains all of the information and forms necessary to develop and submit the application. Applicants must use a standard 12-point Times Roman font on 8 ½ X 11 inch paper. The entire proposal should be typed in black ink on white paper. Applications should not be bound. Margins on all sides should be 1



inch and single line spacing is desirable. The narrative must be typed on one-side of the paper and the applicant's name must appear on each page. The entire application, including appendices, must be sequentially page numbered. The application sequence should be as follows: Cover Page, Table of Contents, Project Narrative (Parts A through D), and Appendices.

One original and five copies of the application must be hand-delivered to the Family Planning Program, c/o Cheryl LeClair, Rhode Island Department of Health, 3 Capitol Hill, Room 302, Providence, RI 02908 no later than the close of the business day (4:30 p.m.) on February 3, 2006. The deadline without exception will be strictly enforced and the Rhode Island Department of Health will not accept applications received after February 3, 2006. The Rhode Island Department of Health will not accept applications submitted by electronic mail, diskette or by facsimile machine.

The following sections must be completed in response to the RFP. Each section should be submitted using the format presented herein.

### **Cover Page**

The Cover Page must be completed (See Attachment A) and included as a part of the application. The individual authorized to sign on behalf of the organization must sign this sheet.

### **Table of Contents**

A Table of Contents must be completed and based on the sections included in the Application Sequence.

### **Project Narrative**

The information contained in this section constitutes the bulk of the project proposal. Requested supporting documentation must be included as appendices. The Project Narrative must be submitted in accordance with the following format:

#### **Part A - Agency Qualifications & Experience**

The applicant should briefly describe the degree to which it is qualified and experienced in providing family planning clinical and education services to primarily low-income, culturally diverse women of reproductive health age. It should also describe the degree to which it has a strong internal infrastructure for ensuring that other services designed to address the complex needs of the targeting population is present. The applicant should include a listing of similar projects undertaken and/or similar clients served, including a brief description of the projects, with tasks similar to those in this RFP. The narrative for this section should not exceed 2 pages in length. Complete the Services Site Information Form (See Attachment B) and include it in Appendix I in the proposal. Use additional sheets if necessary.

## **Part B – Work Plan/Proposed Approach**

This section should describe the applicant's understanding of the state's requirements, including the results intended and desired, the approach and/or methodology to be employed, and a work plan for accomplishing the tasks and the results proposed. The work plan description should include a list of tasks, activities, and/or milestones that will be employed to successfully administer the project. This section should not exceed 7 pages in length. The applicant should complete the Services Provided Form (See Attachment C) and include it as Appendix II.

## **Part C – Staffing Plan**

The applicant should describe briefly how the proposed project's staffing plan will demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices, as well as through the employment of bi-lingual and bicultural staff at all levels of the agency. In order to achieve Tasks 1-4, a  $\frac{3}{4}$  FTE Project Coordinator is required to work about 16.5 hours per week at the RIDOC's Women's Division and about 3.5 hours per week at the Vendor's community-based health care site located in Providence or Cranston. This ratio may be adjusted to meet the needs of the targeted population. The Project Coordinator need not be a licensed clinician since the individual will not be required to provide clinical services. In addition, a part-time Nurse Practitioner or Certified Nurse Midwife is required to work part-time at the Vendor's community-based health care site. This individual will provide family planning clinical services to the targeted population and the hours he/she works should be based on the needs of the targeted population. This section should not exceed 3 pages in length. The applicant should complete the Detail of Personnel Dedicated To Family Planning Service Delivery Form (See Attachment D) and include it in Appendix III in the proposal.

## **Part D - Budget & Justification**

Applicants must provide a budget and budget justification for the period 1/1/06-12/31/06 (See Attachment E). No narrative is needed for this section. Please note that applicants must provide a minimum of 10% of the total project costs in non-federal matching funds.

## **REVIEW PROCESS**

Applications will first be reviewed administratively for completeness, responsiveness, and eligibility. A proposal will be disqualified at this point if it does not meet the basic requirements set forth in the RFP. Qualified proposals will be evaluated by a Technical Review Committee, which will be comprised of state government staff, as required by state procurement policies.

Applications will be evaluated competitively by the Review Panel for adherence to the RFP, Title X, and other federal and state requirements. Applicant experience, capacity to

provide family planning services and the strength and relevance of the proposed program of services will be assessed. The location of the clinic to be funded will be a factor of consideration. The following list outlines the relevant evaluation items and their maximum scores. Each proposal will receive a rating score (maximum 100 points) with a minimum score of 75 for consideration.

- \*Agency Qualifications & Experience (25 points)
- \*Work Plan/Proposed Approach (30 points)
- \*Staffing Plan (25 points)
- \*Budget & Justification (20 points)

The applicant with the highest total score will be considered first for possible funding. Based on the Technical Review Committee's evaluation and assigned scores, a recommendation for a tentative award will be made. Once approved, the Rhode Island Department of Health will begin negotiations with the recommended Vendor to finalize the contractual agreement.

***Applications, which are incomplete in any material respect, will be deemed non-responsive and will not be considered.***

**Rhode Island Department of Health  
Family Planning Program  
WOMEN IN TRANSITION PROJECT  
APPLICATION COVER SHEET (FY2006)**

Agency Name:	
Address:	
FEIN:	
Type of Organization (Check All That Apply) Community Health Center _____ Hospital Based Clinic _____ Visiting Nurse Association _____ Family Planning Specialty Clinic _____	
Total Number of Sites _____	
Executive Director:	
Phone:	Email Address:
Chair, Board of Directors:	
Phone:	Email Address:
Finance or Accounting Director:	
Phone:	Email Address:
Medical Director:	
Phone:	Email Address:
Program Manager (For Family Planning Services):	
Phone:	Email Address:
Project Period	From: <b>3/1/06</b> To: <b>12/31/06</b>
Service Area: <b>Providence and Cranston</b>	
Total Number of Clients Receiving Core Required Family Planning Clinical and/or Education Services At the RIDOC Projected To Be Served	<b>451</b>

Total Number of Clients Receiving Core Required Family Planning Clinical and Education Services At the Vendor's Health Care Site Projected To Be Served	<b>175</b>
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In response to this RFP for funding to support Title X Family Planning Services, please accept the accompanying application. I hereby certify that, to the best of my knowledge and belief, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of March 1, 2006 through December 31, 2006.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of

\_\_\_\_\_(organization name).

\_\_\_\_\_  
Authorized Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Typed Name:

\_\_\_\_\_  
Title:

**RHODE ISLAND DEPARTMENT OF HEALTH  
FAMILY PLANNING PROGRAM  
WOMEN IN TRANSITION PROJECT  
SERVICE SITE INFORMATION  
FY2006**

Use additional sheets if necessary

<b>DELEGATE AGENCY &amp; SERVICE SITES</b>	<b>LOCATION (ADDRESS &amp; PHONE NUMBER)</b>	<b>TARGETED SERVICE AREAS (CITIES/TOWNS)</b>	<b>ADMINISTRATIVE HOURS</b>	<b>CLINIC HOURS (Include hours devoted to family planning - by department if applicable)</b>

**RHODE ISLAND DEPARTMENT OF HEALTH  
FAMILY PLANNING PROGRAM  
WOMEN IN TRANSITION PROJECT  
SERVICES PROVIDED  
FY2006**

AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

SERVICES	Indicate with a 1 or 2*
A. Client Education	
1. Basic Female & Male Anatomy & Physiology	
2. Fertility Regulation	
3. HIV/STD Prevention	
4. Breast Self-Examination (BSE)	
B. Client Counseling	
1. Informed Consent	
2. Contraceptives	
3. HIV/STDS	
C. History	
D. Physical Examination	
E. Laboratory Testing	
1. HIV	
2. Chlamydia	
3. Gonorrhea	
4. Syphilis	
F. HIV/STD Treatment	
1. HIV	
2. Chlamydia	
3. Gonorrhea	
4. Syphilis	
G. Fertility Regulation	
1. Diaphragm	
2. IUD (Indicate: Copper IUD _____ Mirena _____)	
3. Oral Contraception (Indicate: Combined _____ POPS _____)	
4. Norplant Removal	
5. Depo-Provera	
7. Fertility Awareness Methods (FAM)	
8. Sterilization Where are uninsured women referred for sterilization? _____	
9. Patch	

10. NuvaRing	
11. Male Condom	
12. Female Condom	
13. Cervical Cap	
14. Spermicides	
15. Sponge	
16. Emergency Contraception (Indicate: Plan B _____ Other _____)	
H. Infertility Services	
1. Level 1 Infertility Services	
I. Pregnancy Diagnosis / Counseling	
J. Health Risk Assessment & Referral for Pregnancy Test Clients	
K. Identification Of Estrogen–Exposed Offspring	
L. Minor GYN Problems (Specify: _____ _____)	
M. Health Promotion/Disease Prevention (Specify: _____ _____)	
L. Special GYN Procedures (Specify: _____ _____)	
M. Other Services (Specify: _____ _____)	
*1= Direct Service, on–site 2= Direct Service, off–site	



**RHODE ISLAND DEPARTMENT OF HEALTH  
FAMILY PLANNING PROGRAM  
WOMEN IN TRANSITION PROJECT-FY2006  
DETAIL OF PERSONNEL DEDICATED TO FAMILY PLANNING SERVICE DELIVERY\***

\*Include all administrative, clinical, and support staff dedicated to family planning service delivery, not just those that may be funded through this RFP. Use additional sheets, if necessary.

[illegible]



**RIDH – FAMILY PLANNING  
DIVISION OF FAMILY HEALTH  
FY2006 BUDGET**

Agency \_\_\_\_\_ Date 3/1/06-12/31/06  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Program Women in Transition Project  
FEIN # \_\_\_\_\_

CATEGORY	RIDH
Personnel	
Fringe	
Consultants	
Supplies-Educational Materials	
Supplies-Contraceptives	
Supplies-Medical	
Other/Incentives	<b>\$2,500.00</b>
Bus Tokens for Clients	
Other/Specify	
<b>Total Requested</b>	<b>\$70,000.00</b>
Required 10% Agency Match in Non-Federal Funds*	<b>\$7,000.00</b>
<b>Total</b>	<b>\$77,000.00</b>

\*Indicate Source of 10% Agency Match: \_\_\_\_\_

MAIL TO: RI DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH (FISCAL UNIT)  
3 CAPITOL HILL – ROOM 302  
PROVIDENCE, RI 02908  
(401-222-2312)

Signature \_\_\_\_\_  
(Program Director/Designee)

### DETAIL OF PERSONNEL

NAME	POSITION TITLE	TOTAL AGENCY SALARY	HOURLY RATE OF PAY	RIDH PERSONNEL COST
<b>Total</b>				

### DETAIL OF CONSULTANT

NAME	POSITION TITLE	TOTAL AGENCY SALARY	HOURLY RATE OF PAY	RIDH PERSONNEL COST
<b>Total</b>				

**FAMILY PLANNING  
BUDGET JUSTIFICATION  
FY2006**

<b>Line Item</b>	<b>JUSTIFICATION</b>
Supplies- Educational Materials	
Supplies- Contraceptives	
Supplies- Medical	
Bus Tokens for Clients	
Other/Specify	

